

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address		Douglas Aircraft Co. 190th & Normandie Torrance, CA 90502		A.State Manifest Document Number 84827635		
4. Generator's Phone ( 213 533-6677		6. US EPA ID Number		B.State Generator's ID		
5. Transporter 1 Company Name		J. C. Liquid Waste Disposal		C.State Transporter's ID 63242 ✓		
7. Transporter 2 Company Name		8. US EPA ID Number		D.Transporter's Phone 213 268-3137		
9. Designated Facility Name and Site Address		10. US EPA ID Number		E.State Transporter's ID		
TRIPLE J 3650 E. 26th St. Vernon, CA		I.C A T 0 8 0 0 3 3 6 8		F.Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste Liquid NOS ORM-E NA9189		001	TT	05000	G	221
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above		K.Handling Codes for Wastes Listed Above				
Alkaline Soap 5% Grease 2% Oil 3% Water 90%		01				
15. Special Handling Instructions and Additional Information						
Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected, return to DAC.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name		Signature		Date		
Donald C. Gerber		sb [Signature]		Month Day Year 06/13/86		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Month Day Year		
Sam T. Romero 57799		[Signature]		06/13/86		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name		Signature		Date		
ZDUNKIEWICZ MARIA (for Triple J)		[Signature]		Month Day Year 06/13/86		

STEAM BLAB

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J. C. Liquid Waste Disposal		C A D 0 5 0 8 0 8 8 8 8		D. Transporter's Phone		213-268-3137
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		
9. Designated Facility Name and Site Address		10. US EPA ID Number		F. Transporter's Phone		
TRIPLE J 3650 E. 26th St. Vernon, CA		C A T 0 8 0 0 3 3 6 8		G. State Facility's ID		
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Printed/Typed Name		Signature		Date		
Sam Thomas 57799		[Signature]		Month Day Year 06 13 86		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Date		
				Month Day Year .		
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